

REDACTED

LATHAM & WATKINS LLP DOCKET FILE COPY ORIGINAL

ACCEPTED/FILED

October 21, 2013

OCT 21 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
Commission, Office of the
Secretary
445 12th St, SW
Washington, D.C. 20554

**Re: Cricket Communications, Inc.
FCC Form 481 Submissions for New York,
Tennessee and the District of Columbia**

Dear Ms. Dortch:

Enclosed please find copies of the FCC Forms 481 prepared by Cricket Communications, Inc. with respect to New York, Tennessee and the District of Columbia. Please note that these forms are being filed in confidential and redacted form, pursuant to a request for confidential treatment. Cricket will be filing additional forms with respect to other states under separate cover, as these forms do not require confidential treatment.

Please contact the undersigned should you have any questions concerning this filing.

Sincerely,


Jarrett S. Taubman

Counsel for Cricket Communications, Inc.

555 Eleventh Street, N.W., Suite 1000
Washington, D.C. 20004-1304
Tel: +1.202.637.2200 Fax: +1.202.637.2201
www.lw.com

FIRM / AFFILIATE OFFICES

| | |
|-------------|------------------|
| Abu Dhabi | Milan |
| Barcelona | Moscow |
| Beijing | Munich |
| Boston | New Jersey |
| Brussels | New York |
| Chicago | Orange County |
| Doha | Paris |
| Dubai | Riyadh |
| Düsseldorf | Rome |
| Frankfurt | San Diego |
| Hamburg | San Francisco |
| Hong Kong | Shanghai |
| Houston | Silicon Valley |
| London | Singapore |
| Los Angeles | Tokyo |
| Madrid | Washington, D.C. |

New York

| | |
|---|--|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|--|-------------------------------------|
| <010> Study Area Code | 159025 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Maheen Siddiqui |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address: Email of the person identified in data line <030> | usiddiqui@cricketcommunications.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|--|--|--------------------------------------|----------------------------------|-------------------------------------|
| <i>(check box when complete)</i> | | | | |
| <100> Service Quality Improvement Reporting | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <200> Outage Reporting (voice) | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | | |
| <300> Unfulfilled Service Requests (voice) | <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <310> Detail on Attempts (voice) | <input type="text"/> | <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> Detail on Attempts (broadband) | <input type="text"/> | <i>(attach descriptive document)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | <input type="text"/> | | | |
| <420> Mobile | 1.58 | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> Fixed | <input type="text"/> | | | |
| <450> Mobile | <input type="text"/> | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | <i>(check to indicate certification)</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="text"/> | <i>(attach descriptive document)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <600> Functionality in Emergency Situations | <i>(check to indicate certification)</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 159025ny610 | <i>(attach descriptive document)</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> Operating Companies and Affiliates | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> | <i>(if yes, complete attached worksheet)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability | <i>(check to indicate certification)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> <input type="text"/> | <i>(attach descriptive document)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> | <i>(if not, check to indicate certification)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | <i>(complete attached worksheet)</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|--|--------------------------|--------------------------|
| <2000> | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|--|--------------------------|--------------------------|
| <3000> | <i>(check to indicate certification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | <i>(complete attached worksheet)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

| | | | |
|-------|--|------------|--|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) | <input checked="" type="radio"/> <input type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | | |
| <111> | year plan" filed with the FCC? | (yes / no) | <input type="radio"/> <input checked="" type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

| | | |
|-------|---|--------------------------|
| <113> | Maps detailing progress towards meeting plan targets | <input type="checkbox"/> |
| <114> | Report how much universal service (USF) support was received | <input type="checkbox"/> |
| <115> | How (USF) was used to improve service quality | <input type="checkbox"/> |
| <116> | How (USF) was used to improve service coverage | <input type="checkbox"/> |
| <117> | How (USF) was used to improve service capacity | <input type="checkbox"/> |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | <input type="checkbox"/> |

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--|
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | usidsiddiqui@cricketcommunications.com |

[illegible]

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |
| <810> | Reporting Carrier | Cricket Communications |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, NA) |
|----------------------------|
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|--|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|--|

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.mycricket.com/support/terms-and-conditions>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
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| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

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Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

| |
|--|
| |
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Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

| |
|--|
| |
| |
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| |

Name of Attached Document Listing Required Information

| | | |
|--|--|---|
| (3000) Rate Of Return Carrier Additional Documentation | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | | |
|--------|--|--|-----------------------------------|
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) | Name of Attached Document Listing Required information | <input type="checkbox"/> |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | <input type="checkbox"/> (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | <input type="checkbox"/> (Yes/No) |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input type="checkbox"/> |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | <input type="checkbox"/> (Yes/No) |
| (3018) | If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="checkbox"/> |

| | |
|--|---|
| Certification - Reporting Carrier | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| | | |
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| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
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| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: Cricket Communications | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 10/14/2013 |
| Printed name of Authorized Officer: Robert Irving Jr | |
| Title or position of Authorized Officer: Chief Legal & Administrative Officer | |
| Telephone number of Authorized Officer: 858-882-6048 | |
| Study Area Code of Reporting Carrier: 159025 | Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 159025 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED FOR PUBLIC INSPECTION

REDACTED SERVICE OUTAGE REPORT



Cricket Communications

SPIN: 143032463

Form 481, Sec. 610

Functionality in Emergency Situations

All mobile switching centers and cell sites have battery backup power. Also, each switching center has a dedicated diesel generator and there are several cell site generators in the market area. In instances of power outages, priority is set based upon traffic, cell site location and time of day. In certain part of the service area, a cell on wheels (COW) can be deployed. In case of a total switch outage, a mobile command center may be established by each switch vendor.

Tennessee

| | |
|---|--|
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|---|--|

| | |
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| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
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| <039> Contact Email Address: Email of the person identified in data line <030> | usiddiqui@cricketcommunications.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54.422 Completion Required |
|--|---|----------------------------------|-------------------------------------|
| (check box when complete) | | | |
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | |
| <300> Unfulfilled Service Requests (voice) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | <input type="text" value="0.68"/> | | |
| <420> Mobile | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> Fixed | <input type="text"/> | | |
| <450> Mobile | <input type="text"/> | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="text" value="299024tn610"/> | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <input type="text" value="299024tn610"/> | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> | (if yes, complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> <input type="text"/> | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> <input type="text"/> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input checked="" type="radio"/> <input type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

[illegible]

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

<703>

[illegible]

PCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

[illegible]

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |
| <810> | Reporting Carrier | Cricket Communications |
| <811> | Holding Company | |
| <812> | Operating Company | |

10/14/2013

(900) Tribal Lands Reporting
Data Collection Form

ECC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | |
|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 299024 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)
 ☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)
 ☐

| | |
|---|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 299024 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.mycricket.com/support/terms-and-conditions>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
- <2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information

| | | |
|--|--|---|
| (3000) Rate Of Return Carrier Additional Documentation | | FCO Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 299024 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | | |
|--------|--|--|-----------------------------------|
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | <input type="checkbox"/> (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | <input type="checkbox"/> (Yes/No) |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input type="checkbox"/> |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3018) | If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> (Yes/No) |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="checkbox"/> |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 299024 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | Cricket Communications |
| Signature of Authorized Officer: | CERTIFIED ONLINE |
| Printed name of Authorized Officer: | Robert Irving Jr |
| Title or position of Authorized Officer: | Chief Legal & Administrative Officer |
| Telephone number of Authorized Officer: | 858-882-6048 |
| Study Area Code of Reporting Carrier: | 299024 |
| Filing Due Date for this form: | 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 299024 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

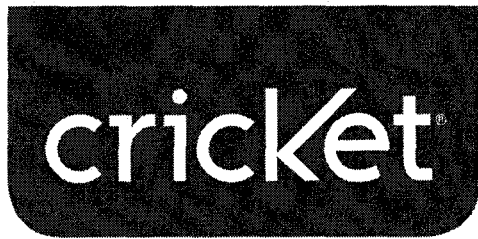
TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent: | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED FOR PUBLIC INSPECTION

REDACTED SERVICE OUTAGE REPORT



Cricket Communications

SPIN: 143032463

Form 481, Sec. 610

Functionality in Emergency Situations

All mobile switching centers and cell sites have battery backup power. Also, each switching center has a dedicated diesel generator and there are several cell site generators in the market area. In instances of power outages, priority is set based upon traffic, cell site location and time of day. In certain part of the service area, a cell on wheels (COW) can be deployed. In case of a total switch outage, a mobile command center may be established by each switch vendor.

District of Columbia

| | |
|---|--|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0066/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|--|-------------------------------------|
| <010> Study Area Code | 579006 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Maheen Siddiqui |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address: Email of the person identified in data line <030> | usiddiqui@cricketcommunications.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|--|---|--|----------------------------------|-------------------------------------|
| (check box when complete) | | | | |
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | | |
| <300> Unfulfilled Service Requests (voice) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | | | | |
| <420> Mobile | 7.53 | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <440> Fixed | | | | |
| <450> Mobile | | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="checkbox"/> | (attach descriptive document) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 579006dc610 | (attach descriptive document) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> | (if yes, complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> <input type="checkbox"/> | (attach descriptive document) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1110> | (complete attached worksheet) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|--------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 579006
 <015> Study Area Name Cricket Communications
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Maheen Siddiqui
 <035> Contact Telephone Number - Number of person identified in data line <030> 858-882-6216
 <039> Contact Email Address - Email Address of person identified in data line <030> usiddiqui@cricketcommunications.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☒ ☐
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5
 <111> year plan" filed with the FCC? (yes / no) ☐ ☒

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

[illegible]

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

1/1/2013

-- See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

| | | |
|-------|---|--------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | u@siddiqui@cricketcommunications.com |

[illegible]

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<810> Reporting Carrier Cricket Communications

<811> Holding Company

<812> Operating Company

<813>

<a1>

<a2>

<a3>

Affiliates

SAC

Doing Business As Company or Brand Designation

~~-- See attached worksheet --~~

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
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(1200) Terms and Condition for Lifeline Customers

Lifeline
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.mycricket.com/support/terms-and-conditions>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

| | |
|---|--|
| (2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|--|-------------------------------------|
| <010> Study Area Code | 579006 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

| | | |
|--|---|--------------------------|
| Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} | | |
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |
| Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | |
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
| Connect America Phase II Reporting {47 CFR § 54.313(e)} | | |
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |
| <2021> | Interim Progress Community Anchor Institutions | <input type="checkbox"/> |

Name of Attached Document Listing Required Information _____

| | |
|--|--|
| (3006) Rate Of Return Carrier Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 579006 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | |
|---|--|-----------------------------------|
| (3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3012) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | <input type="checkbox"/> (Yes/No) |
| (3013) If yes, does your company file the RUS annual report | | <input type="checkbox"/> (Yes/No) |
| (3014) Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | |
| (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input type="checkbox"/> |
| (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | <input type="checkbox"/> (Yes/No) |
| (3018) If the response is no on line 3014, Is your company audited? | | |
| If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. | | <input type="checkbox"/> |
| If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | <input type="checkbox"/> |
| (3022) Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3023) Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3025) Attach the worksheet listing required information | Name of Attached Document Listing Required Information | <input type="checkbox"/> |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 579006 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | Cricket Communications |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 10/14/2013 |
| Printed name of Authorized Officer: | Robert Irving Jr |
| Title or position of Authorized Officer: | Chief Legal & Administrative Officer |
| Telephone number of Authorized Officer: | 858-882-6048 |
| Study Area Code of Reporting Carrier: | 579006 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------------------------|
| <010> Study Area Code | 579006 |
| <015> Study Area Name | Cricket Communications |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED FOR PUBLIC INSPECTION

REDACTED SERVICE OUTAGE REPORT



Cricket Communications

SPIN: 143032463

Form 481, Sec. 610

Functionality in Emergency Situations

All mobile switching centers and cell sites have battery backup power. Also, each switching center has a dedicated diesel generator and there are several cell site generators in the market area. In instances of power outages, priority is set based upon traffic, cell site location and time of day. In certain part of the service area, a cell on wheels (COW) can be deployed. In case of a total switch outage, a mobile command center may be established by each switch vendor.

| | | |
|--|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|--|

| | | |
|-------|---|-------------------------------------|
| <010> | Study Area Code | 579006 |
| <015> | Study Area Name | Cricket Communications |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Maheen Siddiqui |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 858-882-6216 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | usiddiqui@cricketcommunications.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐